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|------------------------------------|---|---------------------|-------------------------------|---|
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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 08/847,074 05/01/1997 ~~ABN~~ *SW ARN YES.*  
WHICH IS A CIP OF 08/643,268 05/03/1996 PAT 5,966,465  
WHICH IS A CIP OF 08/498,036 06/30/1995 PAT 5,867,602  
WHICH IS A CIP OF 08/310,146 09/21/1994 PAT 5,748,786

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*SW NO*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/18/2001

|   |                        |                      |                    |                          |
|---|------------------------|----------------------|--------------------|--------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>46 | TOTAL CLAIMS<br>91 | INDEPENDENT CLAIMS<br>15 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                      |                    |                          |
| Verified and Acknowledged<br>Examiner's Signature <i>SW</i> Initials  |                        |                      |                    |                          |

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## TITLE

Reversible embedded wavelet system implementation

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>3078 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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